2	PATENT APPLICATION FEE DETERMINATION RECORD							Application or Docket Number			
	Effective January 1, 2003  CLAIMS AS FILED - PART I						10/765668				
- 1.		<b>(a.</b> )					L ENTITY			-	
	TOTAL CLAIMS		100	(Column 1) (Column 2)  NUMBER FILED NUMBER EXTRA		TYPE			OTHER THAN MALLENTITY		
			A11.00			RAT	E FEE		RATE FEE	_	
	TOTAL CHARGEABLE CLAIMS			NUMBER FILED NU		BASIC	FEE 375.00	OR BA	SIC FEE 750.00	Ö	
	NDEPENDENT CLAIMS			minus 3 = *		X\$ 9	=	OR X	\$18=		
-	MULTIPLE DEPENDENT CLAIM PE		M PRESENT			X42:	=	OR X	(84=		
╟			WI TILOLIAI				<del></del>	107		4	
1.	If the differer	nce in column 1	is less tha	s less than zero, enter "0" in an			=	OR +2	280=		
	* If the difference in column 1 is less than zero, enter "0" in column 2								<del></del>	4	
CLAIMS AS AMENDED - PART II COL								OR TO	TAL	1	
(Column 1) (Column 2) (Column 2) Column 2) OTH									THER THAN	1	
{		CLAIMS REMAINING		HIGHEST		J 1		OR SM	ALL ENTITY	1	
112		AFTER	Anthan Bartie	NUMBER PREVIOUS	PRESENT EXTRA	RATE	ADDI- TIONAL		ADDI-	1	
	Total	AMENDMEN		PAID FOR			FEE	RA		1	
AMENDMENT	Independent	* 9	Minus Minus	20	=	X\$ 9=		OR X\$1	FEE	1	
	FIRST PRES	1 (X)		1 *** 3	=	X42=	1-1-1	· -		I	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				7.42=	1	OR X84	1=			
_	-/ /	•				+140=		OR +280	)=		
12	110/0	7. (Calumin 4)				TOTAL ADDIT, FEE		OR ADDITION	TAL		
		(Column 1)	THE RESERVE THE	(Column 2) (Column 3)			ADDIT. FEE OR ADDIT. FEE				
AMENDMENT B		REMAINING		HIGHEST NUMBER	PRESENT		ADDI-				
		AFTER AMENDMENT		PREVIOUSLY	EXTRA	RATE	TIONAL	RATI	ADDI-		
	Total	. 6	Minus	PAID FOR			FEE)	HAIL	E TIONAL FEE		
Ē	Independent	1	Minus	+20	=	X\$ 9=	$\Pi_{-}$	_ V010			
₹		1. 2	Minus	··· 3	=	<b> </b>	/-l <sup>o</sup>	R X\$18	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X42= OR X84=											
		•				+140=	7		1/-1		
•						L	OF		1 3 1		
		(Column 4)				ADDIT. FEE	OF	ADDIT. FE	4L		
		(Column 1) CLAIMS	A CHARLES	(Column 2)	(Column 3)	•		ADDII, FE			
J		REMAINING		HIGHEST NUMBER	BBEOSUS		4001		·		
EN EN		AFTER AMENDMENT		PREVIOUSLY	PRESENT EXTRA		ADDI- IONAL	1_	ADDI-		
20	Total	,		PAID FOR		9 1	FEE	RATE	TIONAL		
		*	Minus	<del>frt</del>	= .			<u> </u>	FEE		
<b>~</b> _	Independent	*	Minus	***		X\$ 9=	OR	X\$18=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X42=								X84=		•	
							OR	104=			
* If t	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is 1.5   1.5							+280=	1		
***	the "Highest Num	hor Province 4 mg	פורוו אוי וסיי	SPACE is less that	N 20 enter "20 "	TOTAL	OR	TOTAL	<del>                                     </del>		
Th	e "Highest Numb	iber Previously Pai iber Previously Pai er Previously Paid	o hor" IN THIS For" (Total or I	SPACE is less tha	n 3, enter "3." highest number four	DDIT. FEE	OR	ADDIT. FEE			
			, ,		riignest number fou	nd in the approp	riate box in col	umn f.			

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